

<b>PROGRAM(S) REGISTERING FOR:</b> <b>Paradise Hills Community Center</b> Please Check What Applies		(Please Print) <b>FATHER/GUARDIAN</b> Authorized to pick-up child/children <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>After School Program</b> <b>2015-2016</b> <b>Has your child attended any of our programs in previous years? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		Name: _____ Employer: _____ Home Address: _____ Business Phone: _____ City/State: _____ Zip: _____ Home Phone: _____ Cell: _____	
<b>Free/Reduced</b> date of application _____ Pre-approved Free _____ Reduced _____ Mgr Name _____ Admin. Apprd _____ Disapprd _____ Free _____ Red _____		(Please Print) <b>MOTHER/GUARDIAN</b> Authorized to pick-up child/children <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>(Please Print) FIRST CHILD</b>		Name: _____ Employer: _____ Home Address: _____ Business Phone: _____ City/State: _____ Zip: _____ Home Phone: _____ Cell: _____	
Name: _____ Last First Middle School: _____ Grade: _____ Age: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information</b> <b>Does the child have a disability that requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify:</b> <b>If yes, contact the Department Inclusion Manager at 314-0414.</b>		<b>(Please Print) MEDICAL INFORMATION</b> Child's Name: _____ Child has the following condition(s): _____ Current medication and time taken, special diet, allergies, treatment : _____ Other Information: _____	
<b>(Please Print) SECOND CHILD</b>		Name: _____ Employer: _____ Home Address: _____ Business Phone: _____ City/State: _____ Zip: _____ Home Phone: _____ Cell: _____	
Name: _____ Last First Middle School: _____ Grade: _____ Age: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information</b> <b>Does the child have a disability that requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify:</b> <b>If yes, contact the Department Inclusion Manager at 314-0414.</b>		Describe any behaviors that might be affected or caused by the above: _____ Child's limitations: _____ <b><i>If there are any changes in a child's health status during the year, parents must notify BCPR immediately.</i></b>	
<b>(Please Print) THIRD CHILD</b>		(Please Print) <b>EMERGENCY CONTACT</b> <b>**LIST SOMEONE OTHER THEN THE PARENT/GUARDIAN**</b>	
Name: _____ Last First Middle School: _____ Grade: _____ Age: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Does the child have a health condition(s) that our staff needs to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out medical information</b> <b>Does the child have a disability that requires accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify:</b> <b>If yes, contact the Department Inclusion Manager at 314-0414.</b>		Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Hospital: _____ Doctor: _____ Insurance Company: _____	

## B.C.P.R. CUSTODIAL CARE INFORMATION

My Child/Children are under the custodial care of: (Check one) ☐ Both Parents ☐ Mother only ☐ Father only ☐ Other

**I authorize the following people (other than the people listed on the front) to pick up my Child/Children. PLEASE NOTE: *ALL authorized individuals must be at least 15 years old to sign out a program participant.* Identification is required.**

1.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
2.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
3.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
4.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
5.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
6.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
7.	Name _____	Relationship _____	Home Phone _____	Work Phone _____
8.	Name _____	Relationship _____	Home Phone _____	Work Phone _____

**Please list any persons who might attempt to pick up your Child/Children but are not authorized to do so: *\*Supporting documentation is required. (Restraining Order's, divorce decree's, etc....) \****

1.	Name _____	Relationship _____
2.	Name _____	Relationship _____
3.	Name _____	Relationship _____
4.	Name _____	Relationship _____

**\*\*If there are any changes to these arrangements you must notify the community center immediately.**

**Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_**

## PLEASE READ & SIGN

I will **not** hold Bernalillo County Parks & Recreation Department or its staff, including directors, managers, agents, representatives, or employee's responsible for any injuries and liabilities that may occur while participating in any activities held at the site, on field-trips or special events. I will not hold Bernalillo County responsible for any injuries, which may be sustained during *travel*/ between the site and an activity or other location. I further state that my child/children is capable and **can** participate in **all** BCPR activities.

**Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_**

***If you would like to be contacted for up to date information on "What's Happening" at the Paradise Hills Community Center, please provide us with your email address.***

Email Address #1: \_\_\_\_\_ Email Address #2: \_\_\_\_\_

## Bernalillo County Parks and Recreation Anti-Bullying Disclosure Form

Bernalillo County Parks and Recreation is committed to providing caring, friendly and safe environment in a relaxed and secure atmosphere. Bernalillo County Parks and Recreation will be a zero tolerance establishment and *will not tolerate any type of bullying* in our facilities field, parks or programs.

### *What Is Bullying?*

Bullying is unfair and one-sided behavior. It happens when someone keeps hurting, frightening, threatening, or leaving someone out on purpose, in person or via multi-media.

Bullying can be:

- Physical- hitting, kicking, spitting, pushing, inappropriate gestures, taking person belongings
- Verbal- taunting, teasing, name calling, gossiping, making threats
- Social- spreading rumors, manipulating, excluding/isolating, intimidation, interfering with friendships of others, cyber bullying, sexting

### *Procedures*

1. Report bullying incidents to staff, either verbally or by leaving calling, emailing or texting the Anti-Bullying help line at 505.933.1113.
2. Staff will investigate the allegation by talking to all of the parties separately.
3. Staff will use the Hierarchy of Responses-Consequences Guideline Chart.
4. The staff will then determine what level of action needs to be taken and will let all parties know the actions taken and what future actions could be if the behavior does not stop.
5. For minors, parents will be contacted for Level 2 or higher or if Level 1 incidents have occurred on more than one occasion. (Levels and Explanation on back of sheet)
6. If a criminal action has taken place law enforcement will be contacted.

### *Responses For Ages over 18*

1. The person who is acting aggressively will be given a verbal warning and asked to genuinely apologize or leave the premises.
2. After the incident/incidents have been investigated and dealt with, each case will be monitored to ensure repeated bullying does not take place.
3. After any incident of bullying an incident report WILL BE created and filed with management.
4. In serious cases or second offenses exclusion will be enacted for up to 1 year and may be reported to law enforcement.

### *Bernalillo County Commitment*

1. If staff witnesses someone bullying another person, they will intervene immediately and address the behavior in that moment.
2. Target and aggressor will always be talked to separately.
3. Bystanders will be asked about what happened as well as what they did to intervene.
4. Both target and aggressor will be offered support.

I, \_\_\_\_\_, parent/guardian, of \_\_\_\_\_ (child's name), will ensure that I and my child are aware of and abide by the Bernalillo County Parks and Recreation Anti-bullying policy

Any of the above could be used, but at minimum the following steps must be followed:

#### Procedures

Under 18

#### 1) Level I- Verbal Warning or Loss of Privileges

- Specific inappropriate behavior is pointed out to the participant and they are given an explanation why this behavior is inappropriate. They will be asked to correct it. A verbal warning is given not to repeat the behavior. Level II -Removal from Group
- After repeated verbal warning has been given with *no change* in the behavior, the participant is removed from the group in a "time out" fashion for 5-15 minutes. After this time out period, the participant is asked whether he/she wishes to rejoin the group and *change their behavior*. If yes, participant rejoins the group. If no, a supervisor is called. Level II Code of Conduct violation and above automatically results in the behavior being documented using an Incident Report. It is placed in the participant's file. Parent's will be called and informed of the situation

#### 2) Level III- Parent Conference

- Verbal warnings and removal from the group have proven *unsuccessful*. At this level, parents will be called in for an *immediate* conference. Both parties' parents' will be notified. However, the participants will NEVER be asked to "mediate" or talk about the situation in the same room if bullying is identified as a possible problem. If the participant is over 13 and parents are not able to be contacted the participant can sign the behavior contract. One or all of the Center's Administrative Team may participate in this meeting along with the participant and possibly the staff person on shift when the incident occurred.
- An Action Plan will be developed at that time. It will include the following:
  - specific behavior that needs to be corrected
  - how this will be accomplished
  - time frame in which specified behavior must be changed
- \*All notes/documentation from this meeting, with signatures, will be placed in the participant's file.

#### 3) Level III- Suspension or Termination

- After the above steps have been attempted, with no change in behavior, the Manager will suspend the participant for 1-30 days or terminate their involvement at the center. The Director or Assistant Directors for Bernalillo County Parks and Recreation may review this action. Prior to the participants returning to the center, a parent-participant-staff conference will be scheduled and a *revised* action plan will be established.

*Please note:* In cases of behavior being *more severe or criminal in nature*, the participant may well skip other levels and be suspended or terminated from participation of some or all activities at BCPR facilities.

Level 1 Behaviors	Level 1 Responses
Pushing/kicking/hitting Spitting Gossiping/spreading rumors Embarrassing or making someone look foolish Mocking or mimicking Name-calling Dirty looks Taunting Teasing about clothing or possessions Threatening to reveal personal information Graffiti Publicly challenging to do something Defacing property or clothing Playing a dirty trick	Any of the following responses:  Group meeting on appropriate and expected behaviors with everyone, not singling anyone out Loss of privileges Verbal warning Parent notified Time-out (5-15 minutes asked to separate themselves from the group)  Pattern of Level 1 offenses may result in Level 2 response

Level 2 Behaviors	Level 2 Responses
Defacing Property Stealing Demeaning physical acts that are not physically harmful Locking in a closed or confined space Ethnic slurs Setting up to take the blame Humiliating publicly Excluding from group Social rejection Teasing about appearance Intimidating telephone calls Taking possessions Extortion Sexual or racial taunting	Parent contacted and any of the following responses: Loss of privileges (progressively more severe than Level 1) Making amends: Repairing, cleaning and replacing item (natural consequences) Writing a report on the topic Community service or monetary retribution Separation from other youth during activities Short-term suspension from program  Pattern of Level 2 offenses may result in response for Level 3 responses.

Level 3 Behaviors	Level 3 Responses
Physical violence/inflicting bodily harm Threatening with a weapon Maliciously excluding Manipulating social order to achieve rejection Malicious rumor mongering Threatening with total isolation by peer group Verbal threats of aggression against property or possessions Verbal threats of violence or of inflicting bodily harm Threats of using coercion against family and friends Coercion	Required parent conference with coach/or staff member and any of the following responses:  Behavior plan (outline expected behaviors in writing with next steps) Referral to one-on-one or small-group intervention sessions Short-term suspension for one to ten days from program Expulsion  Criminal behavior will be referred to law enforcement for further action.

# Bernalillo County Media Services Talent Release



Minor's Name(s): \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

I hereby grant consent, without compensation, to Bernalillo County to use photographs/videotapes/recordings of my minor child in print or online material, including social networking sites such as Facebook or Myspace.

At PHCC in Aug. 2015– May 2016 by Bernalillo County  
(Recording Location) (Year)

Legal Guardian's signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Movie Preview Permission Section



Paradise Hills Community Center requires parental permission for your child/children to view movies that are seeing while participating at our community center, that are rated PG. Be assured that we will use proper discretion when showing full-length movies.

Child/Children's Name \_\_\_\_\_  
(Please list all children's names)

\_\_\_\_ Yes, I give my son/daughter permission to view PG rated movies

\_\_\_\_ No, I do not give my son/daughter permission to view this movie.

\_\_\_\_\_  
Guardian Signature/Date

\_\_\_\_\_  
Phone Number